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**SUBSTITUTE HOUSE BILL 2341**

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**State of Washington**

**59th Legislature**

**2006 Regular Session**

**By** House Committee on Health Care (originally sponsored by Representatives Moeller, Hinkle, Williams, Sells, Upthegrove, Lantz, Morrell, Clibborn, Conway, Kenney and Campbell)

READ FIRST TIME 01/17/06.

1 AN ACT Relating to optometry; amending RCW 18.53.010; and adding a  
2 new section to chapter 18.53 RCW.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 18.53.010 and 2003 c 142 s 1 are each amended to read  
5 as follows:

6 (1) The practice of optometry is defined as the examination of the  
7 human eye, the examination and ascertaining any defects of the human  
8 vision system and the analysis of the process of vision. The practice  
9 of optometry may include, but not necessarily be limited to, the  
10 following:

11 (a) The employment of any objective or subjective means or method,  
12 including the use of drugs, for diagnostic and therapeutic purposes by  
13 those licensed under this chapter and who meet the requirements of  
14 subsections (2) and (3) of this section, and the use of any diagnostic  
15 instruments or devices for the examination or analysis of the human  
16 vision system, the measurement of the powers or range of human vision,  
17 or the determination of the refractive powers of the human eye or its  
18 functions in general; and

1 (b) The prescription and fitting of lenses, prisms, therapeutic or  
2 refractive contact lenses and the adaption or adjustment of frames and  
3 lenses used in connection therewith; and

4 (c) The prescription and provision of visual therapy, therapeutic  
5 aids, and other optical devices; and

6 (d) The ascertainment of the perceptive, neural, muscular, or  
7 pathological condition of the visual system; and

8 (e) The adaptation of prosthetic eyes.

9 (2)(a) Those persons using topical drugs for diagnostic purposes in  
10 the practice of optometry shall have a minimum of sixty hours of  
11 didactic and clinical instruction in general and ocular pharmacology as  
12 applied to optometry, as established by the board, and certification  
13 from an institution of higher learning, accredited by those agencies  
14 recognized by the United States office of education or the council on  
15 postsecondary accreditation to qualify for certification by the  
16 optometry board of Washington to use drugs for diagnostic purposes.

17 (b) Those persons using or prescribing topical drugs for  
18 therapeutic purposes in the practice of optometry must be certified  
19 under (a) of this subsection, and must have an additional minimum of  
20 seventy-five hours of didactic and clinical instruction as established  
21 by the board, and certification from an institution of higher learning,  
22 accredited by those agencies recognized by the United States office of  
23 education or the council on postsecondary accreditation to qualify for  
24 certification by the optometry board of Washington to use drugs for  
25 therapeutic purposes.

26 (c) Those persons using or prescribing drugs administered orally  
27 for diagnostic or therapeutic purposes in the practice of optometry  
28 shall be certified under (b) of this subsection, and shall have an  
29 additional minimum of sixteen hours of didactic and eight hours of  
30 supervised clinical instruction as established by the board, and  
31 certification from an institution of higher learning, accredited by  
32 those agencies recognized by the United States office of education or  
33 the council on postsecondary accreditation to qualify for certification  
34 by the optometry board of Washington to administer, dispense, or  
35 prescribe oral drugs for diagnostic or therapeutic purposes.

36 (d) Those persons administering epinephrine by injection for  
37 treatment of anaphylactic shock in the practice of optometry must be  
38 certified under (b) of this subsection and must have an additional

1 minimum of four hours of didactic and supervised clinical instruction,  
2 as established by the board, and certification from an institution of  
3 higher learning, accredited by those agencies recognized by the United  
4 States office of education or the council on postsecondary  
5 accreditation to qualify for certification by the optometry board to  
6 administer epinephrine by injection.

7 (e) Such course or courses shall be the fiscal responsibility of  
8 the participating and attending optometrist.

9 (f)(i) All persons receiving their initial license under this  
10 chapter on or after January 1, 2007, must be certified under (a), (b),  
11 (c), and (d) of this subsection.

12 (ii) All persons licensed under this chapter on or after January 1,  
13 2009, must be certified under (a) and (b) of this subsection.

14 (iii) All persons licensed under this chapter on or after January  
15 1, 2011, must be certified under (a), (b), (c), and (d) of this  
16 subsection.

17 (3) The board shall establish a list of topical drugs for  
18 diagnostic and treatment purposes limited to the practice of optometry,  
19 and no person licensed pursuant to this chapter shall prescribe,  
20 dispense, purchase, possess, or administer drugs except as authorized  
21 and to the extent permitted by the board.

22 (4) The board must establish a list of oral Schedule III through V  
23 controlled substances and any oral legend drugs, with the approval of  
24 and after consultation with the board of pharmacy. No person licensed  
25 under this chapter may use, prescribe, dispense, purchase, possess, or  
26 administer these drugs except as authorized and to the extent permitted  
27 by the board. No optometrist may use, prescribe, dispense, or  
28 administer oral corticosteroids.

29 (a) The board, with the approval of and in consultation with the  
30 board of pharmacy, must establish, by rule, specific guidelines for the  
31 prescription and administration of drugs by optometrists, so that  
32 licensed optometrists and persons filling their prescriptions have a  
33 clear understanding of which drugs and which dosages or forms are  
34 included in the authority granted by this section.

35 (b) An optometrist may not:

36 (i) Prescribe, dispense, or administer a controlled substance for  
37 more than seven days in treating a particular patient for a single

1 trauma, episode, or condition or for pain associated with or related to  
2 the trauma, episode, or condition; or

3 (ii) Prescribe an oral drug within ninety days following ophthalmic  
4 surgery unless the optometrist consults with the treating  
5 ophthalmologist.

6 (c) If treatment exceeding the limitation in (b)(i) of this  
7 subsection is indicated, the patient must be referred to a physician  
8 licensed under chapter 18.71 RCW.

9 (d) The prescription or administration of drugs as authorized in  
10 this section is specifically limited to those drugs appropriate to  
11 treatment of diseases or conditions of the human eye and the adnexa  
12 that are within the scope of practice of optometry. The prescription  
13 or administration of drugs for any other purpose is not authorized by  
14 this section.

15 (5) The board shall develop a means of identification and  
16 verification of optometrists certified to use therapeutic drugs for the  
17 purpose of issuing prescriptions as authorized by this section.

18 (6) Nothing in this chapter may be construed to authorize the use,  
19 prescription, dispensing, purchase, possession, or administration of  
20 any Schedule I or II controlled substance. The provisions of this  
21 subsection must be strictly construed.

22 (7) With the exception of the administration of epinephrine by  
23 injection for the treatment of anaphylactic shock, no injections or  
24 infusions may be administered by an optometrist.

25 (8) Nothing in this chapter may be construed to authorize  
26 optometrists to perform ophthalmic surgery. Ophthalmic surgery is  
27 defined as any invasive procedure in which human tissue is cut,  
28 ablated, or otherwise penetrated by incision, injection, laser,  
29 ultrasound, or other means, in order to: Treat human eye diseases;  
30 alter or correct refractive error; or alter or enhance cosmetic  
31 appearance. Nothing in this chapter limits an optometrist's ability to  
32 use diagnostic instruments utilizing laser or ultrasound technology.  
33 Ophthalmic surgery, as defined in this subsection, does not include  
34 removal of superficial ocular foreign bodies, epilation of misaligned  
35 eyelashes, placement of punctal or lacrimal plugs, diagnostic dilation  
36 and irrigation of the lacrimal system, orthokeratology, prescription  
37 and fitting of contact lenses with the purpose of altering refractive

1 error, or other similar procedures within the scope of practice of  
2 optometry.

3 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.53 RCW  
4 to read as follows:

5 The optometry board may adopt rules under this section authorizing  
6 an inactive license status.

7 (1) An individual licensed under this chapter may place his or her  
8 license on inactive status. The holder of an inactive license must not  
9 practice optometry in this state without first activating the license.

10 (2) The inactive renewal fee must be established by the secretary  
11 under RCW 43.70.250. Failure to renew an inactive license shall result  
12 in cancellation of the inactive license in the same manner as an active  
13 license.

14 (3) An inactive license may be placed in an active status upon  
15 compliance with rules established by the optometry board.

16 (4) Provisions relating to disciplinary action against a person  
17 with a license are applicable to a person with an inactive license,  
18 except that when disciplinary proceedings against a person with an  
19 inactive license have been initiated, the license will remain inactive  
20 until the proceedings have been completed.

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